

STATE OF SOUTH CAROLINA

218575

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

TRANSPORTATION COVER SHEET

Application for a Class-C
Non-Emergency from Robert W. Caswell
dba Good Samaritan Services LLC

DOCKET

NUMBER: 2009-344-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Robert W. Caswell

Telephone: 843 650-5438

Address: Good Samaritan Services LLC
320 Reindeer Moss Court, #201
Myrtle Beach, SC 29588

Fax: 843 650-5433

Other: 843 902-4957

Email: bobc@sc.psc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

RECEIVED

AUG 14 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)
(Office # 803-896-5100) (Fax # - 803-896-5199)

CLASS C – NON-EMERGENCY

DATE August 1, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Good Samaritan Services, LLC.

2. (a) Street Address of Applicant 320 Reindeer Moss Court, #201

Myrtle Beach, SC 29588

(b) Mailing address, if different from street address N/A

(c) Telephone Number 843-650-5438 Fed. —

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: August 1 Year 2009

Assets:	
Cash	1915
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	9996
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	315
Total Assets	12226
Liabilities and Equity:	
Accounts Payable	6500
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities <u>loan from owner</u>	13304
Total Liabilities	
Capital Stock	
Retained Earnings	(7,578)
Total Equity	
Total Liabilities and Equity	12226

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Horry

I, Robert W. Caswell, Owner/Operator
 (Name of Applicant's Representative) (Title)

of Good Samaritan Services, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At MURFREESBORO OFFICE

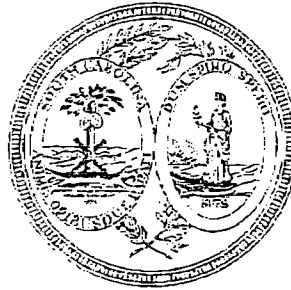
This the 1 day of August 20 09

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: 7-11-2012

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

GOOD SAMARITAN SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 2nd, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
2nd day of July, 2009.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Robert W. Caswell, dba Good Samaritan Services LLC

For the transportation of passengers as follows:

Area to be served: Horry and Georgetown Counties

Number of passengers: 10

Fares: \$1.80 per mile as set by Logisticare.

Date Aug 1, 2009

Robert W. Caswell
By

Owner/Operator
Title

Rev. 8/00

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Robert L. Conrad
(Applicant)

Date: August 1, 2009

N/A
(Applicant's Representative)

owner/operator
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Good Samaritan Services, LLC

(Name of Motor Carrier)

320 Reindeer Moss Ct., Myrtle Beach, SC 29588

(Address of Motor Carrier)

***Note:** Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance \$5,539.00

The above quoted premiums are for a term of 12 months.

Columbia Insurance Company

(Insurance Company Name)

3024 Harney St., Omaha, NE 68131

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/30/09


Date

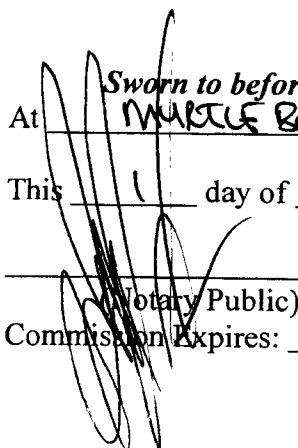
Deborah J. Lee

(Authorized Insurance Company Representative)

APPLICANT'S OATH

I, Robert W Caswell, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)


(Applicant's Signature)

At MARTLE BRACK DR *Sworn to before me*
This 1 day of August, 2009

(Notary Public)
Commission Expires: 7-16-2012

Copy

mailed to on 8-6-09

FORM 2

STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

• IMPORTANT CHANGES TO DECAL APPLICATION PROCESS •

The Law requires that you secure licenses on or before July 1, 2008. Enforcement for the period July 1, 2008 through December 31, 2008 will begin July 1, 2008.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2008, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your Last Half Year 2008 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s) use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

IMPORTANT CHANGE: License decals MAY be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina
Office of Regulatory Staff
1401 Main Street Suite 900
Columbia, S.C. 29201
803-737-0800

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 16, 2008

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT
1401 Main Street Suite 900
Columbia, S.C. 29201
803-737-0800

Last Half
Year 2008

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, PO Box 11263, Columbia, SC 29211.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information will be returned unprocessed.

CLASS

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending December 31, 2008 December 31, 2009

Certificate Holder: Good Samaritan Services LLC
320 Reindeer Moss Court #201 Murtle Beach, SC 29579
Mailing Address City, State and Zip Code

Owner of Vehicle Robert C. Caswell Surfside Beach, SC 29575
Street Address if Different From Mailing Address Name as Listed on the Title or Registration City, State and Zip Code

VEHICLE IDENTIFICATION

Make of Vehicle DODGE Seating Capacity 7
Body Type CAB CHASSIS
VIN Number 2B6KB31Z81K543294 Empty Weight 12,700
(Last 8 digits)
Year Model 2001 FEE \$ 50.00

*** IMPORTANT *** A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

*** FARES OR CHARGES (List maximum rates only; mandatory to receive decal) ***

APPLICANT'S SIGNATURE: Russ L. Caswell 8/1/2009

FORM LT-P (REV. 11/04)

Last Half Year 2008

0001

0000001



State of South Carolina
Office of Regulatory Staff
Transportation Department
1401 Main Street Suite 500
Columbia, S.C. 29201
803-737-0800

Form 2

Single-Piece

FIRST CLASS MAIL
U S POSTAGE PAID
COLUMBIA, S.C.
PERMIT NO. 78

FORWARDING SERVICE REQUESTED

copy of check mailed
on 8/16/09

GOOD SAMARITAN SERVICES LLC 843-650-5438 320 REINDEER MOSS CT. STE 201 MYRTLE BEACH, SC 29588		1022 67-807/532
Date <u>8/1/09</u>		
Pay to the order of <u>The Office of Regulatory Staff</u> \$ <u>50.00</u>		
<u>Fifty and 00/100 a nice bank</u> Dollars		Security features included. Details on back.
CRESCENT BANK <small>Have a nice bank Myrtle Beach, SC 29577</small>		
For _____	<u>Robert L. Connell</u> MP	

© MAIN STREET CHECKS — VINTAGE MONOGRAM

THE FEE FOR A CLASS C LICENSE IS BASED ENTIRELY ON THE EMPTY WEIGHT OF THE VEHICLE WHICH IS LISTED ON THE TITLE OR REGISTRATION CARD.

SCHEDULE OF FEES

2,000 LBS OR LESS\$ 7.50	4,501 - 5,000\$22.50	7,501 - 8,000\$37.50
2,001 - 2,500\$10.00	5,001 - 5,500\$25.00	8,001 - 8,500\$40.00
2,501 - 3,000\$12.50	5,501 - 6,000\$27.50	8,501 - 9,000\$42.50
3,001 - 3,500\$15.00	6,001 - 6,500\$30.00	9,001 - 9,500\$45.00
3,501 - 4,000\$17.50	6,501 - 7,000\$32.50	9,501 - 10,000\$47.50
4,001 - 4,500\$20.00	7,001 - 7,500\$35.00	10,001 - 10,500\$50.00
		10,501 - Over\$50.00

***PLEASE NOTE: PAYMENTS FOR LICENSE DECALS CAN BE MADE BY BUSINESS/PERSONAL CHECK, MONEY ORDER, CERTIFIED/CASHIER CHECK OR CASH. ALL CHECKS MUST BE MADE PAYABLE TO THE OFFICE OF REGULATORY STAFF.